

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6427

State File No. _____

890

FILED MAR 7 - 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

4

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jackson County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural 0830</u>	
c. LENGTH OF STAY (In this place) <u>14 MONTHS</u>		d. STREET ADDRESS (If rural, give location) <u>6 mi. west. Smithville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alora Rae Restorrum</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lulu</u> b. (Middle) <u>Miller</u> c. (Last) <u>Yates</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 10, 1953</u>
--	---

5. SEX <u>Fe</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	8. DATE OF BIRTH <u>December 3, 1877</u>	9. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>27</u> IF UNDER 2 HRS. Hours <u>1</u> Min.
------------------	-----------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri - 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>Hugh Collins</u>	13b. MOTHER'S MAIDEN NAME <u>Agnes Miller</u>	14. NAME OF HUSBAND OR WIFE <u>Jacob N. Yates</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Collins Yates - Platte City, Mo.</u> ADDRESS
--	-------------------------------------	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>2 years</u> <u>4250</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 15, 1952 to Feb. 10, 1953, that I last saw the deceased alive on Feb 6 1953 and that death occurred at 12 m. from the causes and on the date stated above.

23a. SIGNATURE <u>Florence E. Mac Innis MD</u> (Degree or title)	23b. ADDRESS <u>Alora Rae Restorrum Platte City, Mo.</u>	23c. DATE SIGNED <u>2/10/53</u>
--	--	---------------------------------

24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-12-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ridgley</u>	24d. LOCATION (City, town or county) (State) <u>Platte County, Mo.</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>2-10-53</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McComas Funeral Home, Smithville, Mo.</u> ADDRESS
---	--	---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Donald W. Hawks.....

Licensed Embalmer No. 4528.....

P. O. Address Smithville Missouri.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.